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LEVEL OF PATERNAL INVOLVEMENT IN PAEDIATRIC PATIENTS CARE IN WESLEY GUILD HOSPITAL, ILESA, OSUN STATE, NIGERIA

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ABSTRACT: *Background: Absent fathers in Pediatric care is prevalent in the healthcare setting. This study explored the level of paternal involvement in caring for Pediatric patients and identify factors affecting their involvement in Wesley Guild Hospital, Ilesa, Osun State, Nigeria. Methods: An exploratory research design was utilized. A purposive sampling technique was used to select twenty (20) father of Pediatric patients admitted in Wesley Guild Hospital, Ilesa. Permission to conduct the study was obtained from relevant authorities. Data were collected using an interviewer guided questionnaire. Data collected were analyzed using statistical product and service solution (SPSS) version 20.0. Results: Findings showed that (45%) were highly involved in their child's care, 40% were frequently involved in the care, (65%) were physically present with their child in the hospital, (60%) made all decisions concerning the treatment of their children, while (55%) of the mothers wanted their husbands to accompany them to the hospital. Also, 70% of healthcare workers motivated fathers to get involved in the care of their children. Factors affecting involvement includes work/job (85%), time and family living elsewhere (70%), finance (75%). The study found no significant relationship between the level of father's involvement and the gender of the children ($p > 0.05$). Conclusion: The study concludes that less than average of the fathers whose child was on admission were highly involved in care due to factors such as time, work, and location of the hospital.*

KEYWORDS: Pattern, Paternal, Involvement, Paediatric Patients, Healthcare, Nigeria

INTRODUCTION

Background

There would be a general agreement with the intuitive hypothesis that the involvement of fathers is important for the development and welfare of their children. Jones and Mosher (2010) opined that fathers are far more than just "second adults" in the care of children as they do have a powerful impact upon the development and health of their children. Also, they further submitted that involved fathers bring positive benefits to their children that no person

is likely to bring. A good father-and-child relationship is more likely to improve the child's psychological and emotional health. Also, Potter, Walker and Keen (2013) submitted that male involvement resulted in better father-child interaction and improved child learning. Fathers' involvement in their children's lives has been shown to have a positive effect on children and their wellbeing in many areas such as increasing chances of academic success and in reducing chances of delinquency and substance abuse. In African society, it is considered culturally incorrect to involve men in child care activities; instead, men are regarded as financial providers (Jorosi-Tshiamo et al, 2013). According to Ahmann (2006) mothers were generally more likely than fathers to be involved with their child's health care needs, so incorporating fathers is important as well. Some researchers suggested that factors interfering with paternal involvement include work conflicts and greater convenience for mothers accompanying the child to health care visits. A study carried out in South Africa by Mavungu (2013), revealed that while few fathers embraced involvement in care giving activities, many fathers still dissociated themselves from this type of involvement which they considered naturally suited tom female partners. One of the factor fathers have identified as a positive motivator is a healthcare provider's specific invitation or encouragement to attend the child's appointments.

Furthermore, effectively involving fathers in the care of hospitalized child presents unique challenges for both nurses and mothers of the patients and this may explain why fathers are often excluded. Fathers are not all the same and being an effective father takes many different forms (Rosenberg &Wilcox, 2006). It is important for nurses to understand what effective fathering is as this may influence the education they provide to the fathers of hospitalized children.

Ball, Moselle and Pedersen (2007) submitted that positive father involvement contributes to the child and family well-being. Hence, promoting such an idea will be an effective strategy for promoting a child's health. However, it has been observed the study environment, it seemed that most mothers are singlehandedly involved in the financial and care giving aspects of child healthcare and this sometimes results in longer hospital stay, majorly due to financial constraints as they are unable to purchase prescribed medications and pay hospital bills. There seems to be a dearth of information to support this, hence the need for conceptualizing the study. The objectives of the study are to: determine the level of paternal involvement in the care of their child in the hospital, examine the perception of fathers on their role in the care of the hospitalized child and identify the factors affecting the level and pattern of paternal involvement in the care of their hospitalized child.

THEORETICAL FRAMEWORK

Paternal involvement can be expressed through Ajzen's Theory of Planned Behaviour (1991). The theory explains how an individual's (e.g. a father) behaviour can be changed. It is a theory that predicts deliberate behaviour. The Theory of Planned Behaviour states that behavioural achievement depends on both motivation (intention) and ability (behavioural control). It distinguishes between three types of beliefs - behavioral, normative, and control. The Theory of Planned Behaviour comprised three constructs that collectively represent a person's actual control over the behaviour:

1. Behavioural attitude - This refers to the degree to which an individual has a positive or negative thought or evaluation of the behaviour of interest. It entails a consideration of the outcomes or consequences of performing the behaviour. It is influenced by:

    - Behavioural beliefs - these are the individual's beliefs about the likely consequences or outcomes of carrying out the behaviour. In this context, the fathers' belief about the likely outcome of getting involved in their child healthcare.
    - Outcome evaluation of the consequences - this could either be positive or negative.

    For example, a father might believe his only responsibility in caring for his child(ren) is to provide the resources, e.g. money, needed for the child(ren)'s care while it's the mother's responsibility to get involved in care-giving activities.

2. Subjective norms - This refers to the beliefs of the society or environment about the behaviour, including social pressures from family, friends and significant others and whether the behaviour is approved or disapproved. It relates to the individual's beliefs about whether peers and significant people think he or she should engage in the behaviour. It is predicted by:

    - Normative beliefs - are the individual's perception about the expectation of others.
    - Motivation to comply - the individual's motivation to or not to comply with the perceived expectation of others

    For example, the society's perception about paternal involvement, cultural norms, as well as maternal influences can affect how a father views the need for his involvement in his child's health. Also, he can either feel motivated to get involved by this perception or not to.

3. Perceived behavioural control - This refers to the individual's perception of the ease or difficulty of performing the behaviour of interest. Perceived behavioural control varies across situations and actions, which results in the individual having varying perceptions of behavioural. It includes:

    - Control beliefs - refers to the degree of personal control the individual perceives he or she has over the behaviour in question. It is the beliefs about the presence of factors that may facilitate or impede the performance of behavior. For example, nature of his job, divorce/separation, mother-father relationship. Location and so on.
    - Control frequency – refers to how often the factors/barriers occur.

According to this theory, level and pattern of father involvement in child healthcare are affected by the father's motivation to be involved and his ability to be involved. Motivating factors include maternal influences, societal perception while factors that can affect his ability to be involved include finance, work, and relationship with child's mother, location and so on.

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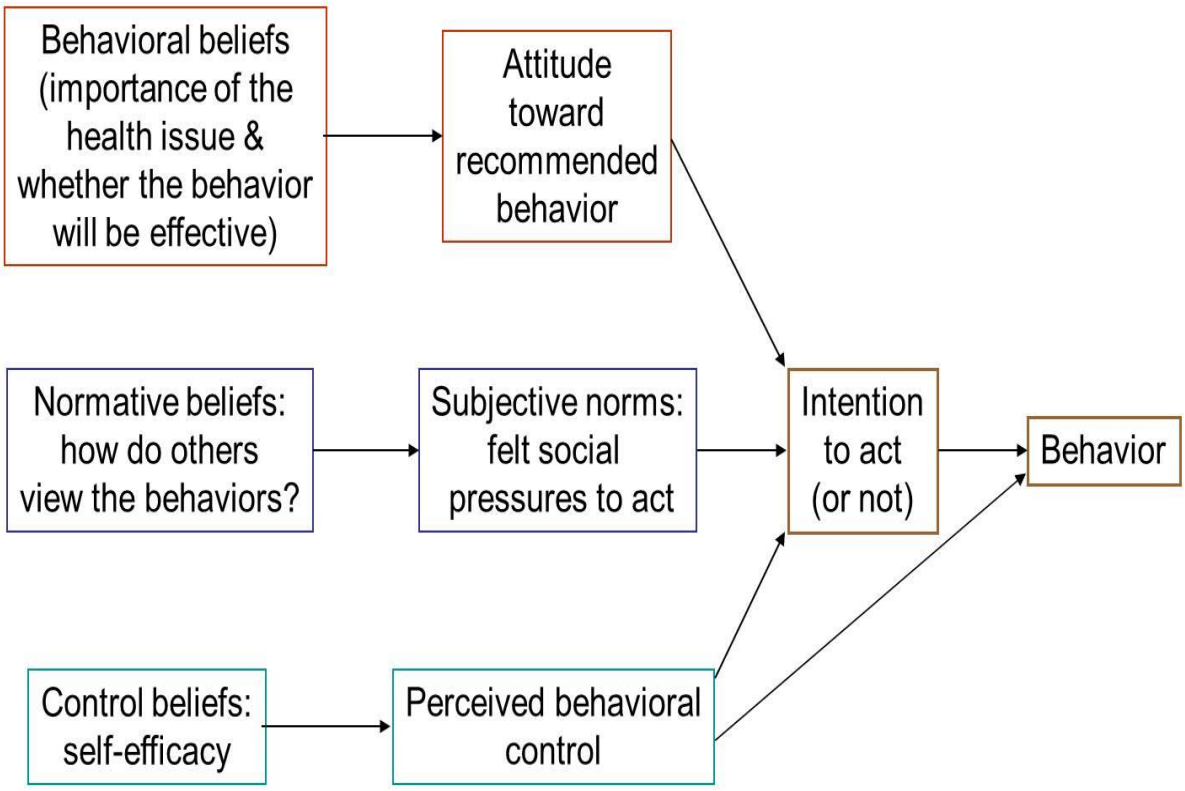

Figure 1: Theory of Planned Behaviour

METHODOLOGY

Research Design

An exploratory research design was used to study the pattern and level of father involvement in the care of Paediatric patients hospitalized in Wesley Guild Hospital Ilesa, Osun state.

Population and Sampling

The study was conducted among 20 fathers of Paediatric patients hospitalized in the Children wards of Wesley Guild Hospital, Ilesa, Osun State, Nigeria. The respondents were purposively selected from the fathers and mothers of Paediatric patients hospitalized in Wesley Guild Hospital, Ilesa Osun State, Nigeria.

Instrument

The instruments used for the data collection were interviewer guided questionnaires that elicited information from the male respondents and an interview guide containing six (6) questions which elicit information from the female respondents. The questionnaire was divided into four (4) sections.

SECTION A: Elicited information about the demographic characteristics of the participants.

SECTION B: Elicited information about family life experience.

SECTION C: Elicited information about the factors affecting the level/pattern of paternal involvement.

SECTION D: Elicited information about the relationship between the sex of the child and the pattern/level of father's involvement and the factors that affect paternal involvement in child care.

Method of Data Analysis

Data collected from the study was analyzed using descriptive and inferential statistics with the aid of statistical product & service solution (SPSS) 20.0. Results were presented using frequencies and percentages.

Ethical Consideration

A letter of permission to collect data from participants was collected and approved by the head of the selected unit in the institution. Consent was gained before distributing questionnaires to the respondents and they were briefed on the research topic. Participation was voluntary and confidentiality of the participants was maintained.

RESULTS

Table 1: Socio-Demographic Characteristics of Fathers

Variables (n = 20)		Frequency	Percent
Age	18-24	5	25.0
	25-29	6	30.0
	30-35	5	25.0
	Above 35	4	20.0
Educational Level	Secondary	4	20.0
	OND/HND	4	20.0
	BSc.	10	50.0
	MSc./PHD	2	10.0
Religion	Christianity	15	75.0
	Islam	4	20.0
	Others	1	5.0
Ethnicity	Yoruba	18	90.0
	Igbo	1	5.0
	Hausa	1	5.0
Marital Status	Single Parent	5	25.0
	Married	15	75.0

Occupation	Self employed	7	35.0
	Unemployed	1	5.0
	Student	3	15.0
	Civil servant	9	45.0
Household Income per Month	<#50,000	6	30.0
	#50,000 - #100,000	8	40.0
	>#100,000	6	30.0

Table 1 showed that about one-third (30%) of the respondents were within age range of 25-29, and just half (50%) had BSc. Three-quarter (75%) were Christians and married. Almost all (90%) of them were Yoruba. Larger percentage (45%) was civil servant and 40% earned between #50,000 and #100,000 respectively.

Table 2: Family History of Fathers

Variables (n = 20)		**Frequency**	**Percent**
Number of Children	1-3	14	70.0
	4-6	5	25.0
	More than 6	1	5.0
Child's Characteristics	Biological	18	90.0
	Adopted	1	5.0
	Legitimate	1	5.0
Age group of Child	Infant	5	25.0
	Toddler	2	10.0
	Pre-school	2	10.0
	School age	11	55.0
How many wives do you have?	No response	3	15.0
	1	14	70.0
	2	2	10.0
	More than 2	1	5.0
Are you legally married to your wife	No response	2	10.0
	No	4	20.0
	Yes	14	70.0
Gender of Child	Male	11	55.0
	Female	9	45.0
Rate how good a job you think you are doing	Not a very good job	4	20.0
	Okay job	2	10.0
	Good job	8	40.0
	Very good	6	30.0
Father's behaviours	Present in the delivery room	3	15.0
	Visited child in the new-born nursery	5	25.0
	Lives with the child	12	60.0

Table 2 showed the family history of respondents. It showed that majority (70%) of the respondents had 1-3 children, same percentage had a legally married wife and almost all (90%) indicated that the hospitalized child was their biological child. More than half (55%) signified that their child is school age and a male child. Less than half (40%) rated their job a good one and about two-third (60%) lived with the child.

Table 3: Level and Pattern of Father Involvement in Child Care

Variables	**Yes n (%)**	**No n (%)**
How would you rate your level of involvement in the care of your child since admission? • Mildly Involved • Moderately Involved • Highly Involved	 3(30%) 6 (30%) 8 (40%)	
Frequency of involvement: • Not at all • Less than a week • About once a week • Several times a week • Every day (at least once a day)	 2 (10%) 3 (15%) 1 (5%) 5 (25%) 9(45%)	
Do you feel that your involvement in the care of your child is burdensome?	5 (25%)	15 (75%)
Do you agree that only mothers should care for the hospitalized child?	6 (30%)	14 (70%)
Are you motivated by healthcare workers to get involved in the care of your child?	14 (70%)	6 (30%)

Information on level of paternal involvement in the care of hospitalized child was presented in table 3. Larger percentage (45%) indicated they were highly involved in their child's care and 40% was involved on a daily basis. Majority (75%) disagreed that their involvement in the care was burdensome, while 70% of the fathers disagreed that only mothers should care for the hospitalized child respectively.

Table 4: Fathers' Perceptions on their Roles in the Care of their Hospitalized Child

Variables	**Agree**	**Disagree**	**Indifferent**	**Not sure**
I should provide money to buy drugs, carry out medical tests, and pay hospital bills on my child.	19(95%)	1(5%)	-	-
I should be physically present with my child in the hospital	13(65%)	6 (30%)	1 (5%)	
I should take care of other children at home while their mothers take care of the sick child	14 (70%)	3 (15%)	2 (10%)	1 (5%)

I should make all decisions concerning the treatment of my child	12(60%)	4 (20%)	2 (10%)	2 (10%)
I should assist my wife in care-giving activities such as bathing and brushing for my child in the hospital	11 (55%)	6 (30%)	2 (10%)	1 (5%)
I should only be involved in providing financial and emotional support, while my wife takes care of the sick child	12 (60%)	7 (35%)	-	1 (%%)
My wife should source for money to buy drugs and care for the sick child	4 (20%)	16 (80%)	-	-

Table 4 presented information on perceptions of paternal roles in the care of their hospitalized child. Almost all (95%) indicated they should provide money for drugs, medical tests, and pay hospital bills. Also, majority (80%) opposed that their wife should source for money to buy drugs and care for the sick child, 70% signified they should take care of other children at home while their mothers take care of the sick child. Also, about two-third (65%) agreed they should be physically present with child in the hospital.

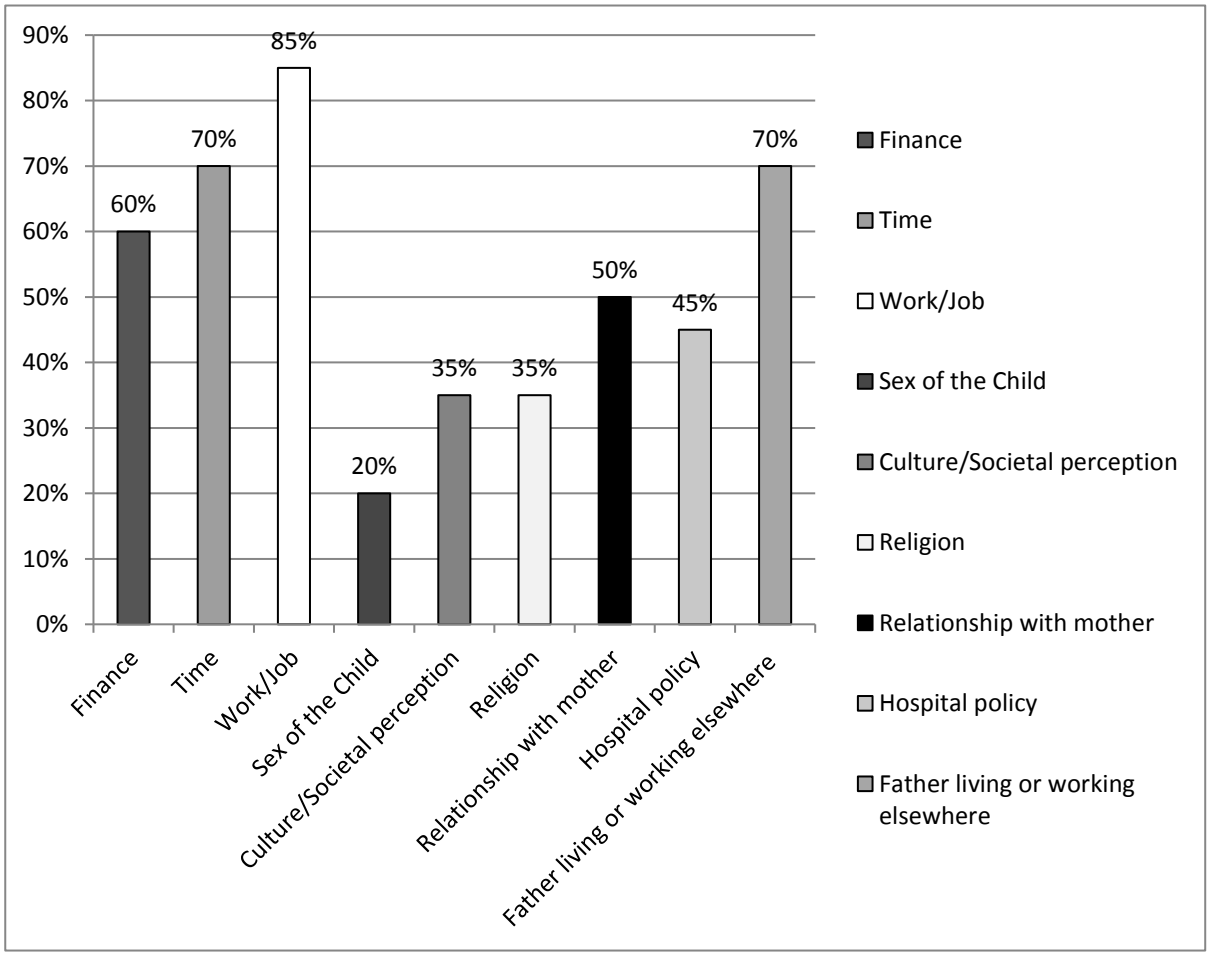

Figure 2: Perceived Factors Affecting Paternal Involvement in Child's Care

Fig. 2 showed the perceived factors affecting the respondents in their child's care. The following factors were identifed; work/job (85%), time, family living elsewhere (70%), finance (60%) and (50%) signified relationship with mother was a factor affecting their involvement in their child's care.

Hypothesis 1: **Association between fathers' Involvement in the care of hospitalized child and socio-economic status (family income)**

		Level of involvement of fathers in the care hospitalized child			**Total**
		Mildly Involved	**Moderately Involved**	**Highly Involved**	
Household income per month	<#50,000	3	2	1	6
	#50,000-#100,000	3	3	2	8
	>#100,000	0	1	5	6
Total		**6**	**6**	**8**	**20**

X^2 = 7.361[a] df = 4 P value = .118

The study discovered no significant relationship between socio-economic status of fathers and their level of involvement in the care of their hospitalized child (p=0.118)

Hypothesis 2**: Association between fathers' Involvement in the care of hospitalized child and child's gender**

Variables		**Gender of the child**		**Total**
		Male	**Female**	
Level of Involvement of fathers in hospitalized child's care	Mildly involved	2	4	6
	Moderately involved	3	3	6
	Highly involved	6	2	8
Total		**11**	**9**	**20**

X^2 = 2.492[a] df = 2 P value = .288

DISCUSSION

Above one quarter of the fathers were within the age range of 25-29, three quarter were married majority were Yoruba . Over one-third were civil servants and up to one-third had an income between #50,000 - #100,000. The study showed that almost all the fathers (95%) supported that they should finance the care of the child, be physically present with their child in the hospital (65%), take care of other children at home while the mothers take care of the sick child in the hospital (70%), make all decisions concerning the treatment of the child (60%), assist their wife in caregiving activities such as bathing and brushing for the child at the hospital (55%) and opposed that their wives should source for money the care of the child (80%). This can be related to findings of Moore and Kotelchuck (2004) which revealed that most fathers are interested in their child's healthcare and feel it is their responsibiity to attend the well-child visit.

Furthermore, the study showed the level and pattern of paternal involvement. Jorosi-Tshiamo et al. (2013) asserted that it is culturally incorrect in the African society to involve men in child care activities, instead men are regarded as financial providers but more than half of the fathers in this study supported being involved in child caregiving activities. Although fathers in this study were well aware of their roles in the care of their hospitalized child, a little above one-third (45%) of them were highly involved in their child care. A study carried out by Mavungu (2013) revealed that while few fathers embraced involvement in caregiving activities, many fathers still dissociated themselves from this type of involvement which they considered naturally suited to female partners and this is supported by the findings in this study as less than average of the fathers were involved in the care giving activities of their child. This showed that some fathers held on to the thinking that female partners should be the one to take care of the hospitalized child. Also, the study identified factors limiting fathers involvement which includes societal perception on mothers' role and gender ego, busy work schedule, mother-father relationship, money/finance, ignorance/non-challant/ irresponsible attitude, cultural background and environment, couples living in different states and child preference. 70% of the fathers noted that they were motivated by healthcare professionals to get involved in the care of their child.

The study discovered no significant relationship between the sex of the child and father involvement (P = .288) and between the father involvement and the socioeconomic status of the family (P = .118).

CONCLUSION

The study concludes that although fathers have a good perception of their roles in the care of their hospitalized child, less than half were highly involved in the care due to factors such as time, work, and location.

Nursing Implication

Although, research as shown that father involvement in child healthcare does not only improve the cognitive, emotional, physical health, social and developmental wellbeing of the chid but can also affect health outcomes positively for men themselves and their partners. Childcare services in Nigeria still have difficulty in attracting and increasing the involvement of fathers in various health programmes. Nurses do not see it as a core competency to actively promote father involvement in healthcare. Lack of adequate nursing understanding of paternal involvement and strategies aimed at improving father involvement would significantly contribute to negative paternal involvement in child healthcare. Nurses can help promote father involvement within the family and healthcare system. The nursing body needs knowledge and information to help in designing programs aimed at improving father involvement in child healthcare and paternal parenting.

RECOMMENDATIONS

1. Parental support programmes that involve men should be created by maternal and child health care services.

2. Maternal and child heath services should change their name to parent and child welfare service and use new paths of communication to reach men in the impending paternity.
3. Awareness on various ways mothers and fathers negotiate and fulfil their parenting roles and tasks should be increased.
4. Hospital policies and guidelines should be re-designed to promote paternal involvement in child healthcare services.
5. Healthcare providers, when engaging mothers in services, should ask them about who else is involved in caring for the child and if the mother would like to include the individual in the child's care.
6. Programmes targeted at fathers should be designed.
7. Longitudinal studies to better understand how fathers' involvement affects child's health should be carried out.

REFERENCES

Ahmann, E. (2006). Supporting fathers' involvement in children's health care. Pediatric Nursing, 32(1).

Ajzen, I. (1991). The theory of planned behavior. Organizational behavior and human decision processes, 50(2), 179-211.

Ball, J., Moselle, K., & Pedersen, S. (2007). Father's involvement as a determinant of child health: Father Involvement Research Alliance.

Jorosi-Tshiamo, W. B., Mogobe, K. D., & Mokotedi, M. T. (2013). Male involvement in child care activities: a review of the literature in Botswana. African journal of reproductive health, 17(4).

Mavungu, E. M. (2013). Provider expectations and father involvement: learning from experiences of poor "absent fathers" in Gauteng, South Africa. African Sociological Review/Revue Africaine de Sociologie, 17(1), 65-78.

Moore, T., & Kotelchuck, M. (2004). Predictors of urban fathers' involvement in their child's health care. Pediatrics, 113(3), 574-580.

Mosher, W. D., & Jones, J. (2010). Use of contraception in the United States: 1982-2008. Vital and health statistics. Series 23, Data from the National Survey of Family Growth(29), 1-44.

Potter, C., Walker, G., & Keen, B. (2013). 'I am reading to her and she loves it': benefits of engaging fathers from disadvantaged areas in their children's early learning transitions. Early Years, 33(1), 74-89.

Rosenberg, J., & Wilcox, W. B. (2006). The importance of fathers in the healthy development of children: US Department Health and Human Services, Administration for Children and ….